

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	101	1001	1-1-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		6900	5-30-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
1	6/6/02
2	1/2/03
3	5/1/03
4	6/1/04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here